MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 1, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	328,439.29 ✓
TOTAL TRANSFERS BETWEEN FUNDS	$	20,592.67 ✓
TOTAL NURSING HOME UPL EXPENSES	$	1,147,328.95 ✓
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED May 1, 2024	$	1,496,360.91 ✓

APPROVED

MAY 0 1 2024

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 1, 2024

PAYABLES AND PAYROLL			
4/25/2024	Weekly Payables	224,413.66	
4/25/2024	Patient Refunds	1,456.60	
4/29/2024	McKesson-340B Prescription Expense	8,444.11	
4/29/2024	Amerisource Bergen-340B Prescription Expense	530.56	
	Prosperity Electronic Bank Payments		
4/29/2024	90 Degree Benefits - employee insurance claims	22,041.67	
4/22-4/26/2024	Pay Plus-Patient Claims Processing Fee	1,296.13	
5/1/2024	HPHG- health insurance claim payments	69,685.87	
4/26/2024	ExpertPay- child support	570.69	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 328,439.29**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
4/25/2024	MMC Operating to Broadmoor-correction of nursing home payment deposited into MMC Operating	2,244.00	
4/25/2024	MMC Operating to Golden Creek Healthcare-correction of nursing home insurance payment deposited into MMC Operating in error	13,162.83	
4/25/2024	MMC Operating to Bethany-correction of nursing home insurance payment deposited into MMC Operating in error	5,185.84	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 20,592.67**
NURSING HOME UPL EXPENSES			
4/29/2024	Nursing Home UPL-Cantex Transfer	541,420.97	
4/29/2024	Nursing Home UPL-Nexion Transfer	22,152.06	
4/29/2024	Nursing Home UPL-HMG Transfer	65,044.38	
4/29/2024	Nursing Home UPL-Tuscany Transfer	380,407.73	
4/29/2024	Nursing Home UPL-HSL Transfer	138,303.81	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,147,328.95**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED May 1, 2024			**$ 1,496,360.91**

RECEIVED BY THE COUNTY AUDITOR ON
APR 25 2024
CALHOUN COUNTY, TEXAS

04/25/2024 MEMORIAL MEDICAL CENTER 0
12:50 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 05/17/2024

Vendor#	Vendor Name	Class	Pay Code
11066	ACR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
04242024	ACR MAMMO ACCRED	04/25/202	04/24/202	05/01/202			2,700.00	0.00	0.00	2,700.00
Vendor Totals:	Number 11066	Name ACR					2,700.00	0.00	0.00	2,700.00

Vendor#	Vendor Name	Class	Pay Code
R1200	ADT COMMERCIAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
154485515	FIRE MONITORING Services 4/1-4/30/24	04/24/202	04/02/202	04/27/202			53.61	0.00	0.00	53.61
Vendor Totals:	Number R1200	Name ADT COMMERCIAL					53.61	0.00	0.00	53.61

Vendor#	Vendor Name	Class	Pay Code
A1360	AMERISOURCEBERGEN DRUG CORP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3171430652	INVENTORY	04/24/202	04/14/202	04/20/202			867.00	0.00	0.00	867.00
3172281203	INVENTORY	04/24/202	04/22/202	04/28/202			38.90	0.00	0.00	38.90
Vendor Totals:	Number A1360	Name AMERISOURCEBERGEN DRUG CORP					905.90	0.00	0.00	905.90

Vendor#	Vendor Name	Class	Pay Code
12800	AUTHORITYRX		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7000050571	340B	04/25/202	04/09/202	04/10/202			7,810.68	0.00	0.00	7,810.68
Vendor Totals:	Number 12800	Name AUTHORITYRX					7,810.68	0.00	0.00	7,810.68

Vendor#	Vendor Name	Class	Pay Code
B1220	BECKMAN COULTER INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111179663	SUPPLIES	04/01/202	03/01/202	03/26/202			2,108.27	0.00	0.00	2,108.27
111239603	SUPPLIES	04/17/202	04/02/202	04/27/202			1,834.22	0.00	0.00	1,834.22
111237422	SUPPLIES	04/24/202	04/02/202	04/27/202			1,473.24	0.00	0.00	1,473.24
111246602	CONTRACT	04/24/202	04/05/202	04/30/202			4,470.76	0.00	0.00	4,470.76
7359643	SUPPLIES	04/24/202	04/05/202	04/30/202			7,357.15	0.00	0.00	7,357.15
5487232	MAINT CONTRACT	04/24/202	04/13/202	05/08/202			5,016.58	0.00	0.00	5,016.58
111261603	CONTRACT	04/24/202	04/15/202	05/10/202			1,288.45	0.00	0.00	1,288.45
Vendor Totals:	Number B1220	Name BECKMAN COULTER INC					23,548.67	0.00	0.00	23,548.67

Vendor#	Vendor Name	Class	Pay Code
13892	BLUE CROSS BLUE SHIELD REFUND		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

257588		04/23/202	04/01/202	05/01/202		68.34	0.00	0.00	68.34
[redacted]									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13892	BLUE CROSS BLUE SHIELD REFUND	68.34	0.00	0.00	68.34

Vendor# B1655 — Vendor Name: BOSTON SCIENTIFIC CORPORATION — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
998331967	SUPPLIES	04/24/202	04/10/202	04/24/202			397.00	0.00	0.00	397.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1655	BOSTON SCIENTIFIC CORPORATION	397.00	0.00	0.00	397.00

Vendor# 11224 — Vendor Name: CABLES AND SENSORS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
168409	SUPPLIES	04/24/202	04/16/202	05/16/202			230.00	0.00	0.00	230.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11224	CABLES AND SENSORS	230.00	0.00	0.00	230.00

Vendor# C1325 — Vendor Name: CARDINAL HEALTH 414, INC. — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8003488610	SUPPLIES	04/24/202	04/13/202	05/08/202			155.47	0.00	0.00	155.47

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	155.47	0.00	0.00	155.47

Vendor# 14260 — Vendor Name: CAREFUSION SOLUTIONS, LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1002250334-6	MAINT	04/24/202	03/13/202	04/13/202			2.00	0.00	0.00	2.00
1002250333-8	MAINT	04/24/202	03/13/202	04/13/202			1,788.00	0.00	0.00	1,788.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14260	CAREFUSION SOLUTIONS, LLC	1,790.00	0.00	0.00	1,790.00

Vendor# C1992 — Vendor Name: CDW GOVERNMENT, INC. — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
QM56459	SUPPLIES	04/17/202	04/02/202	05/02/202			1,926.66	0.00	0.00	1,926.66
PP95056	SUPPLIES	04/24/202	02/14/202	03/15/202			306.55	0.00	0.00	306.55

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	2,233.21	0.00	0.00	2,233.21

Vendor# 12768 — Vendor Name: CHEMAQUA — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8645222	WATER TREATMENT	04/24/202	04/10/202	04/20/202			593.69	0.00	0.00	593.69

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12768	CHEMAQUA	593.69	0.00	0.00	593.69

Vendor# 15412 — Vendor Name: [redacted] — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
270503	REFUND	04/23/202	04/02/202				40.00	0.00	0.00	40.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	15412 [redacted]						40.00	0.00	0.00	40.00	
Vendor#	Vendor Name				Class	Pay Code					
C1730	CITY OF PORT LAVACA				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	041524		04/24/202	04/15/202	05/06/202			93.51	0.00	0.00	93.51
		WATER									
	041524A		04/24/202	04/15/202	05/06/202			397.49	0.00	0.00	397.49
		WATER									
	041524B		04/24/202	04/15/202	05/06/202			2,897.03	0.00	0.00	2,897.03
		WATER									
	041524C		04/24/202	04/15/202	05/06/202			76.01	0.00	0.00	76.01
		WATER									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1730	CITY OF PORT LAVACA					3,464.04	0.00	0.00	3,464.04
Vendor#	Vendor Name				Class	Pay Code					
15116	COMPUGROUP MEDICAL - EMDS INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9090056765		04/24/202	04/19/202	05/01/202			4,322.23	0.00	0.00	4,322.23
		HOSTING STORAGE									
	9090030004		04/25/202	12/06/202	01/06/202			257.72	0.00	0.00	257.72
		EPCS SETUP									
	9090034914		04/25/202	12/21/202	01/21/202			3,408.00	0.00	0.00	3,408.00
		HOSTING									
	9090035104		04/25/202	12/21/202	01/21/202			3,581.20	0.00	0.00	3,581.20
		HOSTING									
	9090039621		04/25/202	01/29/202	02/28/202			3,785.68	0.00	0.00	3,785.68
		HOSTING									
	9090041258		04/25/202	01/31/202	02/28/202			76,242.69	0.00	0.00	76,242.69
		ANNUAL MAINT SUPPORT									
	9090042534		04/25/202	01/31/202	02/28/202			268.84	0.00	0.00	268.84
		EPCS ANNUAL									
	9090042546		04/25/202	01/31/202	02/28/202			515.44	0.00	0.00	515.44
		EPCS PROOFING									
	9090046759		04/25/202	02/27/202	03/27/202			320.60	0.00	0.00	320.60
		ANNUAL SUBSCRIPTION									
	9090052679		04/25/202	03/29/202	04/29/202			4,500.00	0.00	0.00	4,500.00
		TECH FEE									
	9090057288		04/25/202	04/23/202	05/01/202			11,308.50	0.00	0.00	11,308.50
		HOSTING									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15116	COMPUGROUP MEDICAL - EMDS INC.					108,510.90	0.00	0.00	108,510.90
Vendor#	Vendor Name				Class	Pay Code					
C1970	CONMED CORPORATION				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	10542812		04/24/202	04/10/202	04/24/202			120.00	0.00	0.00	120.00
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1970	CONMED CORPORATION					120.00	0.00	0.00	120.00
Vendor#	Vendor Name				Class	Pay Code					
10646	COVIDIEN										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	5871590260		04/24/202	04/02/202	04/12/202			444.48	0.00	0.00	444.48
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10646	COVIDIEN					444.48	0.00	0.00	444.48
Vendor#	Vendor Name				Class	Pay Code					

11368 CYRACOM LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2024021254		04/17/202	03/31/202	05/15/202			554.12	0.00	0.00	554.12
	INTERPRETATION									

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
11368	CYRACOM LLC	554.12	0.00	0.00	554.12

Vendor# 10368 Vendor Name: DEWITT POTH & SON Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
752154-0		04/24/202	04/10/202	05/05/202			347.55	0.00	0.00	347.55
	SUPPLIES									
752497-0		04/24/202	04/12/202	05/07/202			176.60	0.00	0.00	176.60
	SUPPLIES									

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
10368	DEWITT POTH & SON	524.15	0.00	0.00	524.15

Vendor# 14800 Vendor Name: DIRECTV ENTERTAINMENT HOLDINGS Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
088862205X240412		04/24/202	04/12/202	05/01/202			489.85	0.00	0.00	489.85
	SATELLITE									

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
14800	DIRECTV ENTERTAINMENT HOLDINGS	489.85	0.00	0.00	489.85

Vendor# 11291 Vendor Name: DOWELL PEST CONTROL Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
27555		04/24/202	04/12/202	05/07/202			50.00	0.00	0.00	50.00
	PEST CONTROL Service Date 4/12/24									

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
11291	DOWELL PEST CONTROL	50.00	0.00	0.00	50.00

Vendor# F1100 Vendor Name: FEDERAL EXPRESS CORP. Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8-444-64906		04/25/202	03/21/202	04/15/202			57.28	0.00	0.00	57.28
	FREIGHT									
8-452-46361		04/25/202	03/28/202	04/22/202			106.25	0.00	0.00	106.25
	FREIGHT									
8-459-60507		04/25/202	04/04/202	04/29/202			40.67	0.00	0.00	40.67
	FREIGHT									
8-466-85589		04/25/202	04/11/202	05/06/202			118.16	0.00	0.00	118.16
	FREIGHT									
8-473-96382		04/25/202	04/18/202	05/13/202			52.16	0.00	0.00	52.16
	FREIGHT									

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
F1100	FEDERAL EXPRESS CORP.	374.52	0.00	0.00	374.52

Vendor# F1400 Vendor Name: FISHER HEALTHCARE Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0285577		04/01/202	02/28/202	03/24/202			240.55	0.00	0.00	240.55
8314301		04/01/202	12/07/202	01/01/202			4,641.43	0.00	0.00	4,641.43
1345154		04/24/202	04/08/202	05/03/202			1,260.36	0.00	0.00	1,260.36
	SUPPLIES									
1345155		04/24/202	04/08/202	05/03/202			853.58	0.00	0.00	853.58
	SUPPLIES									
1382018		04/24/202	04/09/202	05/04/202			52.60	0.00	0.00	52.60

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	7,048.52	0.00	0.00	7,048.52

Vendor#	Vendor Name	Class	Pay Code
12636	FUSION CLOUD SERVICES, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1029160758		04/24/202	05/16/202	05/16/202			875.41	0.00	0.00	875.41
	TELEPHONE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12636	FUSION CLOUD SERVICES, LLC	875.41	0.00	0.00	875.41

Vendor#	Vendor Name	Class	Pay Code
12948	GREAT AMERICA FINANCIAL SVCS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
33945398REV		04/25/202	04/28/202	05/28/202			401.74	0.00	0.00	401.74
	COPIER LEASE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12948	GREAT AMERICA FINANCIAL SVCS	401.74	0.00	0.00	401.74

Vendor#	Vendor Name	Class	Pay Code
11984	GUERBET, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
18747714		04/17/202	03/26/202	04/17/202			833.50	0.00	0.00	833.50
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11984	GUERBET, LLC	833.50	0.00	0.00	833.50

Vendor#	Vendor Name	Class	Pay Code
G1210	GULF COAST PAPER COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2524734		04/24/202	04/16/202	05/16/202			1,120.15	0.00	0.00	1,120.15
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	1,120.15	0.00	0.00	1,120.15

Vendor#	Vendor Name	Class	Pay Code
10530	HUMANA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
265193		04/23/202	04/04/202	05/04/202			65.86	0.00	0.00	65.86
	PT RFND [redacted]									
265808		04/23/202	04/04/202	05/04/202			175.31	0.00	0.00	175.31
	PT RFND [redacted]									
224069		04/23/202	04/23/202	05/10/202			479.00	0.00	0.00	479.00
	PT REFUND [redacted]									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10530	HUMANA	720.17	0.00	0.00	720.17

Vendor#	Vendor Name	Class	Pay Code
J0150	J & J HEALTH CARE SYSTEMS, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
938091588		04/17/202	04/11/202	05/11/202			3,267.40	0.00	0.00	3,267.40
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	3,267.40	0.00	0.00	3,267.40

Vendor#	Vendor Name	Class	Pay Code
15420	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
041124		04/23/202	04/11/202	05/11/202			240.00	0.00	0.00	240.00
	PT REFUND									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15420	[redacted]	240.00	0.00	0.00	240.00

Vendor#	Vendor Name				Class	Pay Code				
K0530	KCI USA				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	32544655		04/24/202	04/10/202	04/24/202			622.85	0.00	0.00	622.85
		SUPPLIES									
	32552851		04/24/202	04/15/202	05/15/202			336.27	0.00	0.00	336.27
		SUPPLIES									
	32551527		04/24/202	04/15/202	05/15/202			336.27	0.00	0.00	336.27
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		K0530	KCI USA					1,295.39	0.00	0.00	1,295.39
Vendor#	Vendor Name				Class	Pay Code				
D1710	KEEP-U-NEAT CLEANERS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	040124		04/24/202	04/01/202	05/01/202			1,975.00	0.00	0.00	1,975.00
		LAUNDRY									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		D1710	KEEP-U-NEAT CLEANERS					1,975.00	0.00	0.00	1,975.00
Vendor#	Vendor Name				Class	Pay Code				
14432	LGC CLINICAL DIAGNOSTICS, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	90262802		04/24/202	04/03/202	04/24/202			1,680.00	0.00	0.00	1,680.00
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14432	LGC CLINICAL DIAGNOSTICS, INC.					1,680.00	0.00	0.00	1,680.00
Vendor#	Vendor Name				Class	Pay Code				
15408	[redacted]									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	273622		04/23/202	04/03/202	05/03/202			120.00	0.00	0.00	120.00
		PT RFND									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15408	[redacted]					120.00	0.00	0.00	120.00
Vendor#	Vendor Name				Class	Pay Code				
10972	M G TRUST									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	042224		04/24/202	04/22/202	05/01/202			1,140.86	0.00	0.00	1,140.86
		PAYROLL DEDUCT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10972	M G TRUST					1,140.86	0.00	0.00	1,140.86
Vendor#	Vendor Name				Class	Pay Code				
15416	[redacted]									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	267709		04/23/202	03/27/202	04/27/202			120.00	0.00	0.00	120.00
		REFUND									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15416	[redacted]					120.00	0.00	0.00	120.00
Vendor#	Vendor Name				Class	Pay Code				
M2178	MCKESSON MEDICAL SURGICAL INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	21585303		04/01/202	01/16/202	01/31/202			95.07	0.00	0.00	95.07
		SUPPLIES									
	21961370		04/17/202	04/11/202	04/26/202			355.45	0.00	0.00	355.45
		SUPPLIES									
	21964208		04/17/202	04/15/202	04/30/202			1,913.14	0.00	0.00	1,913.14
		SUPPLIES									
	21973424		04/24/202	04/13/202	04/28/202			870.79	0.00	0.00	870.79

	SUPPLIES								
21990813		04/24/202	04/17/202	05/02/202		103.42	0.00	0.00	103.42
	SUPPLIES								
21989918		04/24/202	04/17/202	05/02/202		143.21	0.00	0.00	143.21
	SUPPLIES								
21989917		04/24/202	04/17/202	05/02/202		46.83	0.00	0.00	46.83
	SUPPLIES								
22000432		04/24/202	04/19/202	05/04/202		66.02	0.00	0.00	66.02
	SUPPLIES								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC				3,593.93	0.00	0.00	3,593.93

Vendor#	Vendor Name	Class	Pay Code
M2470	MEDLINE INDUSTRIES INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2315349342		04/17/202	04/16/202	05/11/202			28.70	0.00	0.00	28.70
	SUPPLIES									
2315349341		04/17/202	04/16/202	05/11/202			105.14	0.00	0.00	105.14
	SUPPLIES									
2315498635		04/24/202	04/17/202	05/12/202			2,472.08	0.00	0.00	2,472.08
	SUPPLIES									
2315498633		04/24/202	04/17/202	05/12/202			248.65	0.00	0.00	248.65
	SUPPLIES									
2315498632		04/24/202	04/17/202	05/12/202			40.50	0.00	0.00	40.50
	SUPPLIES									
2315498631		04/24/202	04/17/202	05/12/202			5.62	0.00	0.00	5.62
	SUPPLIES									
2315498630		04/24/202	04/17/202	05/12/202			5.62	0.00	0.00	5.62
	SUPPLIES									
2315498629		04/24/202	04/17/202	05/12/202			2,106.57	0.00	0.00	2,106.57
	SUPPLIES									
2315498634		04/24/202	04/17/202	05/12/202			530.51	0.00	0.00	530.51
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC					5,543.39	0.00	0.00	5,543.39

Vendor#	Vendor Name	Class	Pay Code
10963	MEMORIAL MEDICAL CLINIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
042224		04/24/202	04/22/202	05/01/202			50.00	0.00	0.00	50.00
	PAYROLL DEDUCT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC					50.00	0.00	0.00	50.00

Vendor#	Vendor Name	Class	Pay Code
15428	MERITAIN HEALTH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
266404		04/23/202	04/15/202	05/15/202			63.12	0.00	0.00	63.12
	PT REFUND E HERNANDEZ									
266453		04/23/202	04/15/202	05/15/202			63.12	0.00	0.00	63.12
	PT REFUND E HERNANDEZ									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15428	MERITAIN HEALTH					126.24	0.00	0.00	126.24

Vendor#	Vendor Name	Class	Pay Code
M2621	MMC AUXILIARY GIFT SHOP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
041824		04/24/202	04/18/202	05/01/202			103.16	0.00	0.00	103.16
	PAYROLL DEDUCT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

	M2621	MMC AUXILIARY GIFT SHOP					103.16	0.00	0.00	103.16
Vendor#	Vendor Name				Class	Pay Code				
10536	MORRIS & DICKSON CO, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	1882037		04/24/202	04/16/202	04/26/202		375.43	0.00	0.00	375.43
		INVENTORY								
	1882036		04/24/202	04/16/202	04/26/202		670.61	0.00	0.00	670.61
		INVENTORY								
	1892611		04/24/202	04/18/202	04/28/202		642.43	0.00	0.00	642.43
		INVENTORY								
	1891011		04/24/202	04/18/202	04/28/202		819.30	0.00	0.00	819.30
		INVENTORY								
	1892610		04/24/202	04/18/202	04/28/202		323.79	0.00	0.00	323.79
		INVENTORY								
	1899725		04/24/202	04/21/202	05/01/202		311.74	0.00	0.00	311.74
		INVENTORY								
	1899724		04/24/202	04/21/202	05/01/202		7.49	0.00	0.00	7.49
		INVENTORY								
	1898388		04/24/202	04/21/202	05/01/202		668.23	0.00	0.00	668.23
		INVENTORY								
	1899726		04/24/202	04/21/202	05/01/202		970.54	0.00	0.00	970.54
		INVENTORY								
	1898386		04/24/202	04/21/202	05/01/202		286.22	0.00	0.00	286.22
		INVENTORY								
	1902325		04/24/202	04/22/202	05/02/202		218.31	0.00	0.00	218.31
		INVENTORY								
	1905486		04/24/202	04/22/202	05/02/202		85.50	0.00	0.00	85.50
		INVENTORY								
	CM20092		04/24/202	04/22/202	05/02/202		-34.47	0.00	0.00	-34.47
		CREDIT								
	1905487		04/24/202	04/22/202	05/02/202		276.87	0.00	0.00	276.87
		INVENTORY								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10536	MORRIS & DICKSON CO, LLC				5,621.99	0.00	0.00	5,621.99
Vendor#	Vendor Name				Class	Pay Code				
M2659	MXR IMAGING, INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	8801137255		04/24/202	04/16/202	05/16/202		253.51	0.00	0.00	253.51
		SUPPLIES								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		M2659	MXR IMAGING, INC				253.51	0.00	0.00	253.51
Vendor#	Vendor Name				Class	Pay Code				
12388	NATIONAL FARM LIFE INSURANCE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	4197989		04/24/202	04/15/202	05/01/202		2,672.04	0.00	0.00	2,672.04
		INSURANCE								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		12388	NATIONAL FARM LIFE INSURANCE				2,672.04	0.00	0.00	2,672.04
Vendor#	Vendor Name				Class	Pay Code				
13624	NEXION HEALTH AT NAVASOTA INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	TELEMED-20240202		04/24/202	04/14/202	05/01/202		1,000.00	0.00	0.00	1,000.00
		TELEMED								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		13624	NEXION HEALTH AT NAVASOTA INC				1,000.00	0.00	0.00	1,000.00
Vendor#	Vendor Name				Class	Pay Code				

10372 PRECISION DYNAMICS CORP (PDC)

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
935596155		04/24/202	04/12/202	05/12/202			136.24	0.00	0.00	136.24
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	136.24	0.00	0.00	136.24

Vendor# 14060 Vendor Name: RADCOM ASSOCIATES, LLC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV004456		04/24/202	04/19/202	05/19/202			900.00	0.00	0.00	900.00
	NUC MED									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14060	RADCOM ASSOCIATES, LLC	900.00	0.00	0.00	900.00

Vendor# 11080 Vendor Name: RADSOURCE Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PSI001516		04/24/202	04/16/202	05/11/202			1,708.33	0.00	0.00	1,708.33
	SAMSUNG GU60A									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11080	RADSOURCE	1,708.33	0.00	0.00	1,708.33

Vendor# 15264 Vendor Name: REPUBLIC PAIN SPECIALISTS Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
26		04/25/202	04/01/202	05/01/202			14,000.00	0.00	0.00	14,000.00
	PROCEDURAL SERV									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15264	REPUBLIC PAIN SPECIALISTS	14,000.00	0.00	0.00	14,000.00

Vendor# 11296 Vendor Name: SOUTH TEXAS BLOOD & TISSUE CEN Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
I07039753		04/24/202	04/15/202	05/10/202			3,387.00	0.00	0.00	3,387.00
	BLOOD									
CM12100		04/24/202	04/15/202	05/10/202			-2,112.00	0.00	0.00	-2,112.00
	BLOOD									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	1,275.00	0.00	0.00	1,275.00

Vendor# S3940 Vendor Name: STERIS CORPORATION Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
12274280		04/24/202	04/10/202	05/05/202			447.40	0.00	0.00	447.40
	SUPPLIES									
12289372		04/24/202	04/15/202	05/10/202			650.20	0.00	0.00	650.20
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION	1,097.60	0.00	0.00	1,097.60

Vendor# 14212 Vendor Name: SURGICAL DIRECT SOUTH Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9335		04/24/202	04/23/202	05/20/202			3,600.00	0.00	0.00	3,600.00
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14212	SURGICAL DIRECT SOUTH	3,600.00	0.00	0.00	3,600.00

Vendor# 15012 Vendor Name: TASHA NORMAN, FNP Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
041624		04/24/202	04/16/202	05/01/202			129.00	0.00	0.00	129.00

LINCENSE RENEWAL

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15012	TASHA NORMAN, FNP	129.00	0.00	0.00	129.00

Vendor#	Vendor Name	Class	Pay Code
15424	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
276142		04/23/202	04/16/202	05/16/202			120.00	0.00	0.00	120.00
	REFUND									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15424	[redacted]	120.00	0.00	0.00	120.00

Vendor#	Vendor Name	Class	Pay Code
T0420	TELEFLEX MEDICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9508308478		04/24/202	04/12/202	04/24/202			131.50	0.00	0.00	131.50
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T0420	TELEFLEX MEDICAL	131.50	0.00	0.00	131.50

Vendor#	Vendor Name	Class	Pay Code
13616	TRIOSE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
TRI180672		04/24/202	03/26/202	04/10/202			103.87	0.00	0.00	103.87
	FREIGHT									
0800022153		04/24/202	03/31/202	04/15/202			10.12	0.00	0.00	10.12
	FEE FREIGHT									
TRI181254		04/24/202	04/02/202	04/17/202			263.53	0.00	0.00	263.53
	FREIGHT									
TRI181949		04/24/202	04/09/202	04/24/202			148.54	0.00	0.00	148.54
	FREIGHT									
TRI182608		04/24/202	04/15/202	04/30/202			86.47	0.00	0.00	86.47
	FREIGHT									
TRI183313		04/25/202	04/23/202	05/08/202			343.06	0.00	0.00	343.06
	FREIGHT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13616	TRIOSE, INC	955.59	0.00	0.00	955.59

Vendor#	Vendor Name	Class	Pay Code
11001	ULINE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
176749540		04/24/202	04/10/202	05/10/202			1,063.17	0.00	0.00	1,063.17
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11001	ULINE	1,063.17	0.00	0.00	1,063.17

Vendor#	Vendor Name	Class	Pay Code
U1064	UNIFIRST HOLDINGS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921030186		04/24/202	04/18/202	05/13/202			2,910.32	0.00	0.00	2,910.32
	LAUNDRY									
2921030189		04/24/202	04/18/202	05/13/202			282.90	0.00	0.00	282.90
	LAUNDRY									
2921030184		04/24/202	04/18/202	05/13/202			134.52	0.00	0.00	134.52
	LAUNDRY									
2921030188		04/24/202	04/18/202	05/13/202			315.80	0.00	0.00	315.80
	LAUNDRY									
2921030190		04/24/202	04/18/202	05/13/202			311.35	0.00	0.00	311.35
	SUPPLIES									
2921030185		04/24/202	04/18/202	05/13/202			317.91	0.00	0.00	317.91
	LAUDNRY									

2921030191		04/24/202 04/18/202 05/13/202	123.94	0.00	0.00	123.94	✓
	LAUNDRY						
2921030187		04/24/202 04/18/202 05/13/202	39.46	0.00	0.00	39.46	✓
	LAUNDRY						

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	4,436.20	0.00	0.00	4,436.20

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	224,413.66	0.00	0.00	224,413.66

APPROVED ON

APR 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE: 04/25/24
TIME: 11:36

RECEIVED BY THE COUNTY AUDITOR ON
APR 25 2024

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1521606 01	[redacted]	042324	76.54	2		REFUND FOR [redacted]	
1538854 01		042324	115.18	2		REFUND FOR	
1559146 01		042324	25.27	2		REFUND FOR	
1560799 01		042324	500.00	2		REFUND FOR	
1575938 01		042324	90.00	3		REFUND FOR	
1582639 01		042324	25.00	2		REFUND FOR	
1586459 01		042324	21.80	3		REFUND FOR	
1588376 01		042324	63.00	3		REFUND FOR	
1589045 01		042324	40.00	2		REFUND FOR	
1589353 01		042324	423.35	2		REFUND FOR	
1595823 01		042324	76.46	2		REFUND FOR	
	ARID=0001 TOTAL		1456.60				
TOTAL			1456.60				

APPROVED ON
APR 25 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	203899	05/01/24	2,700.00	ACR
A/P	203900	05/01/24	53.61	ADT COMMERCIAL
A/P	203901	05/01/24	905.90	AMERISOURCEBERGEN DRUG CORP
A/P	203902	05/01/24	7,810.68	AUTHORITYRX
A/P	203903	05/01/24	23,548.67	BECKMAN COULTER INC
A/P	203904	05/01/24	68.34	BLUE CROSS BLUE SHIELD REFUND
A/P	203905	05/01/24	397.00	BOSTON SCIENTIFIC CORPORATION
A/P	203906	05/01/24	230.00	CABLES AND SENSORS
A/P	203907	05/01/24	155.47	CARDINAL HEALTH 414, INC.
A/P	203908	05/01/24	1,790.00	CAREFUSION SOLUTIONS, LLC
A/P	203909	05/01/24	2,233.21	CDW GOVERNMENT, INC.
A/P	203910	05/01/24	593.69	CHEMAQUA
A/P	203911	05/01/24	40.00	[redacted]
A/P	203912	05/01/24	3,464.04	CITY OF PORT LAVACA
A/P	203913	05/01/24	108,510.90	COMPUGROUP MEDICAL - EMDS INC.
A/P	203914	05/01/24	120.00	CONMED CORPORATION
A/P	203915	05/01/24	444.48	COVIDIEN
A/P	203916	05/01/24	554.12	CYRACOM LLC
A/P	203917	05/01/24	524.15	DEWITT POTH & SON
A/P	203918	05/01/24	489.85	DIRECTV ENTERTAINMENT HOLDINGS
A/P	203919	05/01/24	50.00	DOWELL PEST CONTROL
A/P	203920	05/01/24	374.52	FEDERAL EXPRESS CORP.
A/P	203921	05/01/24	7,048.52	FISHER HEALTHCARE
A/P	203922	05/01/24	875.41	FUSION CLOUD SERVICES, LLC
A/P	203923	05/01/24	401.74	GREAT AMERICA FINANCIAL SVCS
A/P	203924	05/01/24	833.50	GUERBET, LLC
A/P	203925	05/01/24	1,120.15	GULF COAST PAPER COMPANY
A/P	203926	05/01/24	720.17	HUMANA
A/P	203927	05/01/24	3,267.40	J & J HEALTH CARE SYSTEMS, INC
A/P	203928	05/01/24	240.00	[redacted]
A/P	203929	05/01/24	1,295.39	KCI USA
A/P	203930	05/01/24	1,975.00	KEEP-U-NEAT CLEANERS
A/P	203931	05/01/24	1,680.00	LGC CLINICAL DIAGNOSTICS, INC.
A/P	203932	05/01/24	120.00	[redacted]
A/P	203933	05/01/24	1,140.86	M G TRUST
A/P	203934	05/01/24	120.00	[redacted]
A/P	203935	05/01/24	3,593.93	MCKESSON MEDICAL SURGICAL INC
A/P	203936	05/01/24	.00	VOIDED
A/P	203937	05/01/24	5,543.39	MEDLINE INDUSTRIES INC
A/P	203938	05/01/24	50.00	MEMORIAL MEDICAL CLINIC
A/P	203939	05/01/24	126.24	MERITAIN HEALTH
A/P	203940	05/01/24	103.16	MMC AUXILIARY GIFT SHOP
A/P	203941	05/01/24	5,621.99	MORRIS & DICKSON CO, LLC
A/P	203942	05/01/24	253.51	MXR IMAGING, INC
A/P	203943	05/01/24	2,672.04	NATIONAL FARM LIFE INSURANCE
A/P	203944	05/01/24	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	203945	05/01/24	136.24	PRECISION DYNAMICS CORP (PDC)
A/P	203946	05/01/24	900.00	RADCOM ASSOCIATES, LLC
A/P	203947	05/01/24	1,708.33	RADSOURCE
A/P	203948	05/01/24	14,000.00	REPUBLIC PAIN SPECIALISTS

BANK--CHECK----------

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	203949	05/01/24	1,275.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	203950	05/01/24	1,097.60	STERIS CORPORATION
A/P	203951	05/01/24	3,600.00	SURGICAL DIRECT SOUTH
A/P	203952	05/01/24	129.00	TASHA NORMAN, FNP
A/P	203953	05/01/24	120.00	[redacted]
A/P	203954	05/01/24	131.50	TELEFLEX MEDICAL
A/P	203955	05/01/24	955.59	TRIOSE, INC
A/P	203956	05/01/24	1,063.17	ULINE
A/P	203957	05/01/24	4,436.20	UNIFIRST HOLDINGS INC
A/P	203958	05/01/24	5,185.84	BETHANY SENIOR LIVING
A/P	203959	05/01/24	2,244.00	BROADMOOR AT CREEKSIDE PARK
A/P	203960	05/01/24	13,162.83	GOLDENCREEK HEALTHCARE
A/P	203961	05/01/24	.00	[redacted]
A/P	203962	05/01/24	.00	
A/P	203963	05/01/24	.00	
A/P	203964	05/01/24	.00	
A/P	203965	05/01/24	.00	
A/P	203966	05/01/24	.00	
A/P	203967	05/01/24	.00	
A/P	203968	05/01/24	.00	
A/P	203969	05/01/24	.00	
A/P	203970	05/01/24	.00	
A/P	203971	05/01/24	.00	
A/P	203972	05/01/24	25.00	
A/P	203973	05/01/24	25.27	
A/P	203974	05/01/24	40.00	
A/P	203975	05/01/24	500.00	
A/P	203976	05/01/24	76.46	
A/P	203977	05/01/24	21.80	
A/P	203978	05/01/24	423.35	
A/P	203979	05/01/24	63.00	
A/P	203980	05/01/24	115.18	
A/P	203981	05/01/24	76.54	
A/P	203982	05/01/24	90.00	
TOTALS:			246,462.93	

VOIDED

Payables 224,413.66 +
Pat. Boards 1,456.60 +
NHxpers 20,592.67 +
246,462.93 ◊

APPROVED ON

MAY 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 04/26/2024

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 04/27/2024

Page: 002

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 04/26/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 04/27/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 8,616.44 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 04/30/2024,
Pay This Amount: 8,444.11 USD

If Paid After 04/30/2024,
Pay this Amount: 8,616.44 USD

Due If Paid On Time:
USD 8,444.11

Disc lost if paid late: 172.33

Due If Paid Late:
USD 8,616.44

Andrew DeLosSantos
4/29/24 ✓

APPROVED ON
APR 29 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

2,524.17 +
218.91 +
5,557.90 +
137.14 +
5.99 +
8,444.11 ◊

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 04/26/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 04/27/2024

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 04/26/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 04/27/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
04/22/2024	04/30/2024	7491543199	113491644	115Invoice	1.34	66.99		65.65	X	7491543199 ✓	
04/22/2024	04/30/2024	7491744668	113419631	195Invoice	5.23	261.50		256.27	X	7491744668 ✓	
04/22/2024	04/30/2024	7491744669	113498238	195Invoice	2.57	128.56		125.99	X	7491744669 ✓	
04/22/2024	04/30/2024	7491744670	113567919	195Invoice	0.01	0.32		0.31	X	7491744670 ✓	
04/23/2024	04/30/2024	7491884783	113659886	115Invoice	2.68	133.98		131.30	X	7491884783 ✓	
04/23/2024	04/30/2024	7491884784	113659886	115Invoice	4.78	238.87		234.09	X	7491884784 ✓	
04/23/2024	04/30/2024	7492057318	113656531	115Invoice	0.02	0.95		0.93	X	7492057318 ✓	
04/23/2024	04/30/2024	7492057320	113571964	115Invoice	0.49	24.51		24.02	X	7492057320 ✓	
04/23/2024	04/30/2024	7492057323	113666755	195Invoice	0.03	1.27		1.24	X	7492057323 ✓	
04/24/2024	04/30/2024	7492168870	113817834	115Invoice	1.43	71.63		70.20	X	7492168870 ✓	
04/24/2024	04/30/2024	7492168871	113879846	115Invoice		0.10		0.10	X	7492168871 ✓	
04/25/2024	04/30/2024	7492344904	113824765	195Invoice	2.06	102.95		100.89	X	7492344904 ✓	
04/25/2024	04/30/2024	7492446900	113950158	115Invoice	0.50	25.14		24.64	X	7492446900 ✓	
04/25/2024	04/30/2024	7492621975	113957017	195Invoice	8.89	444.28		435.39	X	7492621975 ✓	
04/25/2024	04/30/2024	7492621976	113962517	115Invoice	0.01	0.63		0.62	X	7492621976 ✓	
04/25/2024	04/30/2024	7492621978	113944568	115Invoice	0.04	2.21		2.17	X	7492621978 ✓	
04/26/2024	04/30/2024	7492729585	114067645	115Invoice	0.01	0.65		0.64	X	7492729585 ✓	
04/26/2024	04/30/2024	7492729587	114067645	115Invoice	18.67	933.58		914.91	X	7492729587 ✓	
04/26/2024	04/30/2024	7492902464	114074735	195Invoice	2.75	137.56		134.81	X	7492902464 ✓	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

APPROVED ON
APR 29 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 2,575.68 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,611.37
04/22/2024

If Paid By 04/30/2024,
Pay This Amount: 2,524.17 USD

If Paid After 04/30/2024,
Pay this Amount: 2,575.68 USD

Due If Paid On Time:
USD 2,524.17 ✓

Disc lost if paid late: 51.51

Due If Paid Late:
USD 2,575.68

For AR Inquiries please contact 800-867-0333

Andrea DeLos Santos ✓
4/29/24

McKESSON

Company. 8000

STATEMENT

As of: 04/26/2024 Page: 001

HEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 190813
Date: 04/27/2024

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 04/26/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 04/27/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
04/24/2024	04/30/2024	7492181822	3900914	115Invoice	4.29	214.40		210.11		7492181822	
04/26/2024	04/30/2024	7492729050	3906365	115Invoice	0.18	8.98		8.80		7492729050	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 190813 HEB PHCY 0434/MEM MED PHS

Subtotals: 223.38 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,611.37
04/22/2024

If Paid By 04/30/2024,
Pay This Amount: 218.91 USD

If Paid After 04/30/2024,
Pay this Amount: 223.38 USD

Due If Paid On Time:
USD 218.91

Disc lost if paid late: 4.47

Due If Paid Late:
USD 223.38

Andrew DeLos Santos
4/29/24

APPROVED ON
APR 29 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 04/26/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 04/27/2024

HEB PHCY WHSE/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 04/26/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405
Date: 04/27/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
04/23/2024	04/30/2024	7491883297	B2404-055-156336	115Invoice	103.08	5,153.87		5,050.79	X	7491883297 ✓	
04/23/2024	04/30/2024	7491883298	B2404-055-156373	115Invoice	4.63	231.48		226.85	X	7491883298 ✓	
04/23/2024	04/30/2024	7492151031	B2404-055-156552	115Invoice	4.41	220.46		216.05	X	7492151031 ✓	
04/25/2024	04/30/2024	7492422698	B2404-055-156703	115Invoice	1.31	65.52		64.21	X	7492422698 ✓	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 820405 HEB PHCY WHSE/MEM MED PHS

Subtotals: 5,671.33 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 0.00

If Paid By 04/30/2024, Pay This Amount: 5,557.90 USD

If Paid After 04/30/2024, Pay this Amount: 5,671.33 USD

Due If Paid On Time:
USD 5,557.90 ✓

Disc lost if paid late: 113.43

Due If Paid Late:
USD 5,671.33

Andrew DeLosSantos
4/29/24 ✓

APPROVED ON

APR 29 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 04/26/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835434
Date: 04/27/2024

To ensure proper credit to your account, detach and return this stub with your remittance

CVS PHCY 8923/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 04/26/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434
Date: 04/27/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
04/24/2024	04/30/2024	7492246126	3199073	115Invoice	2.80	139.94		137.14		7492246126	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 835434 CVS PHCY 8923/MEM MC PHS

Subtotals: 139.94 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,611.37
04/22/2024

If Paid By 04/30/2024,
Pay This Amount: 137.14 USD

If Paid After 04/30/2024,
Pay this Amount: 139.94 USD

Due If Paid On Time:
USD 137.14

Disc lost if paid late: 2.80

Due If Paid Late:
USD 139.94

APPROVED ON

APR 29 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew DeLos Santos
4/29/24

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

CVS PHCY 7416/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 04/26/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 04/27/2024

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 04/26/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437
Date: 04/27/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
04/24/2024	04/30/2024	7492377370	3197144	115Invoice	0.12	6.11		5.99		7492377370	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 835437 CVS PHCY 7416/MEM MC PHS

Subtotals: 6.11 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,611.37
04/22/2024

If Paid By 04/30/2024, Pay This Amount: 5.99 USD

If Paid After 04/30/2024, Pay this Amount: 6.11 USD

Due If Paid On Time:
USD 5.99

Disc lost if paid late: 0.12

Due If Paid Late:
USD 6.11

APPROVED ON

APR 29 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew Dotas Santos
4/29/24

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 67311889
Date: 04-26-2024

Serviced By:
AMERISOURCEBERGEN DRUG CORP
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101

DEA: RA0289276
866-451-9655

Customer:
WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509

Remit To:
AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	530.56
Past Due:	0.00
Total Due:	530.56
Account Balance:	530.56

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
04-22-2024	05-03-2024	3172383670	7006300514	Invoice	17.50		0.00	17.50
04-22-2024	05-03-2024	3172383671	7006309324	Invoice	47.42		0.00	47.42
04-22-2024	05-03-2024	3172383672	7006309443	Invoice	70.64		0.00	70.64
04-22-2024	05-03-2024	3172383673	7006318175	Invoice	163.06		0.00	163.06
04-23-2024	05-03-2024	3172551957	7006325290	Invoice	15.93		0.00	15.93
04-25-2024	05-03-2024	3172866301	7006346140	Invoice	73.69		0.00	73.69
04-26-2024	05-03-2024	3173017241	7006354030	Invoice	142.32		0.00	142.32

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
530.56	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
04-26-2024	(303.90)

APPROVED ON
APR 29 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
05-03-2024	530.56
Total Due:	530.56

Andrew DeLos Santos
4/29/24

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- April 22, 2024 - April 28, 2024

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
4/26/2024	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	-CitiBank Corporate Card Payment	3,753.48	901152
4/26/2024	PAY PLUS ACHTrans 000000021033863 1010006962	- 3rd Party Payor Fee	235.09	901153
4/26/2024	HEALTHEQUITY INC HealthEqui 1356888 91000018	- EmpDeduct/Employer Contribut	1,272.83	800513
4/26/2024	EXPERTPAY EXPERTPAY 746003411 91000014001752	-Child Support Payment	570.69	800514
4/26/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	303.90	500596
4/26/2024	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	392,574.96	
4/25/2024	PAY PLUS ACHTrans 000000020885064 1010006951	- 3rd Party Payor Fee	554.86	901154
4/24/2024	PAY PLUS ACHTrans 000000020747713 1010006940	- 3rd Party Payor Fee	402.53	901155
4/23/2024	PAY PLUS ACHTrans 000000020660847 1010006930	- 3rd Party Payor Fee	34.90	901156
4/23/2024	MCKESSON DRUG AUTO ACH ACH05962310 910000129	- 340B Drug Program Expense	1,611.37	500597
4/22/2024	PAY PLUS ACHTrans 000000020553721 1010006918	- 3rd Party Payor Fee	68.75	901157
4/22/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	678.99	500598

APPROVED ON
APR 29 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

402,062.35

ANDREW DE LOS SANTOS
Memorial Medical Center
April 28, 2024

* Approved on 4.17.24 CC
** Approved on 4.24.24 CC

pay plus

235.09 +
554.86 +
402.53 +
34.90 +
68.75 +
1,296.13 ◊
0.C

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description		MMC Notes	Amo
		402,062.35 +		
		3,753.48 -		
		1,272.83 -		
		303.90 -		
		392,574.96 -		
		1,611.37 -		
		678.99 -		
		1,866.82 ◊		
		1,866.82 -		
		0.00 ◊		

ANDREW DE LOS SANTOS
Memorial Medical Center
April 28, 2024

Child Supp: 570.69 +
570.69 ◊
1,296.13 +
1,866.82 ◊
0.C

90 Degree Benefits

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
1594	76351	1	2	1	2024	109001170	0	4/22/2024	$27.70	1	MELISSA A. KAINER ERWIN, MD PA	P	457	0	[redacted]			F	4/15/2024	4/15/2024	200802489
1596	76351	2	33	0	2024	103001364	0	4/22/2024	$134.82	1	BCM PHYSICIANS	P	457	0				F	4/8/2024	4/8/2024	300791563
1598	76351	3	28	0	2024	103001357	0	4/22/2024	$17.17	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0				F	4/8/2024	4/8/2024	741831291
1599	76351	3	14	0	2024	102001060	0	4/22/2024	$19.10	1	NOE R. OLVERA, MD, PA	P	457	0				F	2/7/2024	2/7/2024	262712038
1607	76351	3	48	0	2024	103001314	0	4/22/2024	$55.89	1	SCOTT P. STEIN, D.O., P.A.	P	457	0				F	3/26/2024	3/26/2024	742861393
1612	76351	3	40	0	2024	107000490	0	4/22/2024	$74.00	1	ALMA COMMUNITY NETWORK	P	728	0				F	4/9/2024	4/9/2024	841856765
1620	76351	3	24	0	2024	102001101	0	4/22/2024	$218.71	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0				F	4/4/2024	4/4/2024	742605670
1629	76360	1	88	0	2024	102001128	0	4/22/2024	$70.91	1	VICTORIA EYE CENTER	P	457	0				F	4/4/2024	4/4/2024	742208337
1631	76360	2	35	0	2024	109001083	0	4/22/2024	$27.00	1	DANNA S HARRISON, MA, LPC	P	360	0				F	4/10/2024	4/10/2024	464452997
1637	76360	3	21	1	2024	103001000	0	4/22/2024	$20,801.00	1	LIBERTY DIALYSIS VICTORIA	P	465	0				F	3/1/2024	3/31/2024	262438451
1638	76360	3	81	2	2024	102000865	0	4/22/2024	$3.11	1	SINGLETON ASSOCIATES PA	P	181	0				F	3/7/2024	3/7/2024	741680498
1641	76360	3	61	0	2024	106001333	0	4/22/2024	$19.78	1	THOMAS NEIL DAVIS M.D.	P	181	0				F	4/3/2024	4/3/2024	741680498
1643	76360	3	19	1	2024	103001323	0	4/22/2024	$29.10	1	PORT LAVACA CLINIC	P	435	0				F	3/1/2024	3/1/2024	742605670
1644	76360	3	27	0	2024	110000884	0	4/22/2024	$29.10	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0				F	4/16/2024	4/16/2024	742605670
1645	76360	3	19	1	2024	103001326	0	4/22/2024	$32.25	1	PORT LAVACA CLINIC	P	177	0				F	3/21/2024	3/21/2024	742605670
1651	76360	3	13	0	2024	109000559	0	4/22/2024	$55.89	1	SCOTT P. STEIN, D.O., P.A.	P	457	0				F	4/11/2024	4/11/2024	742861393
1652	76360	3	94	0	2024	103001369	0	4/22/2024	$59.94	1	AYO ADU, MD PLLC	P	177	0				F	4/9/2024	4/9/2024	273335355
1675	76360	3	40	0	2024	106000507	0	4/22/2024	$182.86	1	VICTORIA EYE CENTER	P	457	0				F	4/3/2024	4/3/2024	742208337
1676	76360	3	48	1	2024	102000888	0	4/22/2024	$183.34	1	COMMUNIYMED FAMILY PRACTICE	P	487	0				F	4/4/2024	4/4/2024	472334194
									$22,041.67												

Andrew Dolas Santos
4/29/24

APPROVED ON

APR 29 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

HPHG, LLC dba 90 Degree Benefits ✓

Monthly Billing for 5/1/2024

MEMORIAL MEDICAL CENTER (Mst Grp: 76350)
815 N VIRGINIA STREET
PORT LAVACA, TX 77979

Master Group Totals

							Total Due
SPEC AGG	182	$57,006.72	Adjustments	4	$499.90	$57,506.62
ADMIN FEES	182	$7,826.00	Adjustments	4	$129.00	$7,955.00
PPO UR	182	$3,467.10	Adjustments	4	$57.15	$3,524.25
CHIC MGMT FEE		$700.00				$700.00

Balance Forward:		$66,570.23
Payments:	-	$66,570.23
Adjustments:	+	$0.00
Beginning Balance:		$0.00
Current Amount Due:	+	$68,999.82
Current Adjustments:	+	$686.05
Total Amount Due:		**$69,685.87** ✓

A+B+C

Description	Medical
EE	106
ES	18
EF	13
EC	45
Mst Total	182

Andrew DaCosta Santos ✓
4/29/24

Make Check Payable To:

Attn: Revenue Department
90 Degree Benefits
PO Box 13246
Birmingham, AL 35202

Please pay premium as billed. Changes received after billing has processed will be reflected on the next months bill.
Premium payment is due by the 10th of the month.

APPROVED ON
APR 29 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE COUNTY AUDITOR ON

APR 25 2024

04/25/2024 MEMORIAL MEDICAL CENTER 0

11:45 AP Open Invoice List ap_open_invoice.template

Dates Through:

CALHOUN COUNTY, TEXAS

Vendor#	Vendor Name	Class	Pay Code
11832	BROADMOOR AT CREEKSIDE PARK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
041924	TRANSFER	04/24/202	04/19/202	05/19/202			2,244.00	0.00	0.00	2,244.00

NH ins. pmt. dep. into MMC Opt. in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	2,244.00	0.00	0.00	2,244.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,244.00	0.00	0.00	2,244.00

APPROVED ON

APR 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE COUNTY AUDITOR ON
APR 25 2024
CALHOUN COUNTY, TEXAS

04/25/2024
11:45

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
12792	BETHANY SENIOR LIVING		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	041224		04/23/202	04/12/202	05/18/202			1,440.57	0.00	0.00	1,440.57	✓
		TRANSFER	NH ins. pmt dep into mmc opt. in error									
✓	041524		04/23/202	04/15/202	05/18/202			513.27	0.00	0.00	513.27	✓
		TRANSFER	"		"							
✓	041924		04/24/202	04/19/202	05/19/202			3,232.00	0.00	0.00	3,232.00	✓
		TRANSFER	"		"							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	5,185.84	0.00	0.00	5,185.84

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,185.84	0.00	0.00	5,185.84

APPROVED ON
APR 25 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE COUNTY AUDITOR ON
APR 25 2024
CALHOUN COUNTY, TEXAS

04/25/2024
11:43

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code
11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
041224		04/23/202	04/11/202	05/18/202			9,116.89	0.00	0.00	9,116.89
041224A	TRANSFER NH ins. pmt. dep. into MMC Opt. in error	04/23/202	04/12/202	05/18/202			1,187.83	0.00	0.00	1,187.83
041524	TRANSFER	04/23/202	04/15/202	05/18/202			24.63	0.00	0.00	24.63
041524A	TRANSFER	04/23/202	04/15/202	05/18/202			126.82	0.00	0.00	126.82
041624A	TRANSFER	04/23/202	04/16/202	05/18/202			537.75	0.00	0.00	537.75
041624B	TRANSFER	04/23/202	04/16/202	05/18/202			273.10	0.00	0.00	273.10
041624	TRANSFER	04/23/202	04/16/202	05/18/202			593.68	0.00	0.00	593.68
041924	TRANSFER	04/24/202	04/19/202	05/19/202			1,302.13	0.00	0.00	1,302.13

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	13,162.83	0.00	0.00	13,162.83

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	13,162.83	0.00	0.00	13,162.83

APPROVED ON
APR 25 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
4/29/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		156,411.43	121,440.29	127,642.84			162,613.98	127,642.84
						Bank Balance	162,613.98	
						Variance	-	
						Leave in Balance	100.00	
						Molina February	11,810.55	
						Wellpoint February	23,060.59	

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
[redacted]

						April Interest		
						May Interest		
						June Interest		
						Adjust Balance/Transfer Amt	127,642.84	
Broadmoor		147,339.03	134,320.65	116,735.76			-	
							129,754.14	116,735.76
						Bank Balance	129,754.14	
						Variance	-	
						Leave in Balance	100.00	
						Molina February	4,375.44	
						Wellpoint February	8,542.94	

						April Interest		
						May Interest		
						June Interest		
						Adjust Balance/Transfer Amt	116,735.76	
Crescent		296,066.34	286,284.16	102,598.05			112,380.23	102,598.05
						Bank Balance	112,380.23	
						Variance	-	
						Leave in Balance	100.00	
						Molina February	3,279.63	
						Wellpoint February	6,402.55	

						April Interest		
						May Interest		
						June Interest		
						Adjust Balance/Transfer Amt	102,598.05	
Fort Bend		66,685.66	55,894.93	80,487.32			91,478.05	80,487.32
						Bank Balance	91,478.05	
						Variance	-	
						Leave in Balance	100.00	
						Molina February	3,688.73	
						Wellpoint February	7,202.00	

						April Interest		
						May Interest		
						June Interest		
						Adjust Balance/Transfer Amt	80,487.32	
Solera at W Houston		251,905.42	241,317.30	113,957.00			124,545.12	113,957.00
						Bank Balance	124,545.12	
						Variance	-	
						Leave in Balance	100.00	
						Molina February	3,552.58	
						Wellpoint February	6,935.54	

						April Interest		
						May Interest		
						June Interest		
						Adjust Balance/Transfer Amt	113,957.00	

127,642.84 +
116,735.76 +
102,598.05 +
80,487.32 + (Crescent / Solera at West Houston / Fort Bend / Broadmoor: [illegible]ters III LLC
113,957.00 +
541,420.97 ◇

TOTAL TRANSFERS	**541,420.97**

Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS
4/29/2024

APPROVED ON
APR 29 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Note 1: [illegible], over $5,000 will be transferred to the nursing home.
Note 2: Each account has a base balance of $100 that MMC deposited to open account.

J:\NH Weekly Transfers\NH UPL Transfer Summary\2024\NH UPL Transfer Summary 4.29.24

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
4/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,113.02					-	2,113.02
4/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	12,024.01					-	12,024.01
4/25/2024	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	121,440.29	-					-	-
4/25/2024	HNB - ECHO HCCLAIMPMT 746003411 440000230767	-	6,866.41					-	6,866.41
4/24/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,347.20					-	5,347.20
4/24/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	54,712.49					-	54,712.49
4/23/2024	HNB - ECHO HCCLAIMPMT 746003411 440000254842	-	1,094.53					-	1,094.53
4/23/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	20,805.72					-	20,805.72
4/23/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000114	-	8,477.44					-	8,477.44
4/23/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	4,643.41					-	4,643.41
4/22/2024	HNB - ECHO HCCLAIMPMT 746003411 440000202486	-	1,883.70					-	1,883.70
4/22/2024	HNB - ECHO HCCLAIMPMT 746003411 440000203059	-	7,088.48					-	7,088.48
4/22/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,586.43					-	2,586.43
								-	-
		121,440.29	127,642.84	-	-	-	-	-	127,642.84

Breadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
4/26/2024	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	1,080.00					-	1,080.00
4/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,061.95					-	4,061.95
4/26/2024	HUMANA CHA DISB HCCLAIMPMT 46354035 42000018	-	1,335.00					-	1,335.00
4/26/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	6,849.27					-	6,849.27
4/25/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	134,320.65	-					-	-
4/25/2024	HNB - ECHO HCCLAIMPMT 746003411 440000230486	-	3,959.60					-	3,959.60
4/25/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000176	-	9,375.40					-	9,375.40
4/24/2024	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	4,680.00					-	4,680.00
4/24/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	6,370.00					-	6,370.00
4/24/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,682.60					-	5,682.60
4/24/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	17,038.25					-	17,038.25
4/24/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000149	-	1,834.16					-	1,834.16
4/23/2024	HNB - ECHO HCCLAIMPMT 746003411 440000254842	-	574.85					-	574.85
4/23/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	19,662.90					-	19,662.90
4/23/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,663.03					-	1,663.03
4/23/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000113	-	14,394.52					-	14,394.52
4/22/2024	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	2,636.00					-	2,636.00
4/22/2024	HNB - ECHO HCCLAIMPMT 746003411 440000203040	-	4,214.43					-	4,214.43
4/22/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	176.00					-	176.00
4/22/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000163	-	7,967.94					-	7,967.94
4/22/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	3,179.86					-	3,179.86
								-	-
		134,320.65	116,735.76	-	-	-	-	-	116,735.76

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
4/26/2024	MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	5,468.00					-	5,468.00
4/26/2024	HNB - ECHO HCCLAIMPMT 746003411 440000271424	-	7,565.06					-	7,565.06
4/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,590.17					-	4,590.17
4/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	29.88					-	29.88
4/26/2024	DEVOTED HEALTH P HCCLAIMPMT 21000026735804	-	8,479.08					-	8,479.08
4/26/2024	DEVOTED HEALTH P HCCLAIMPMT 21000026735802	-	1,570.00					-	1,570.00
4/25/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	286,284.16	-					-	-
4/25/2024	HNB - ECHO HCCLAIMPMT 746003411 440000230486	-	4,077.31					-	4,077.31
4/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000292181	-	3,265.69					-	3,265.69
4/24/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,169.24					-	2,169.24
4/24/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	15,126.17					-	15,126.17
4/24/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000149	-	694.04					-	694.04
4/24/2024	DEVOTED HEALTH P HCCLAIMPMT 21000028179139	-	4,950.00					-	4,950.00
4/23/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,866.30					-	1,866.30
4/23/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	13,178.32					-	13,178.32
4/23/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,097.50					-	4,097.50
4/23/2024	HUMANA CHA DISB HCCLAIMPMT 46190020 42000019	-	4,650.00					-	4,650.00
4/22/2024	DEVOTED HEALTH P HCCLAIMPMT 21000028317289	-	15,386.06					-	15,386.06
4/22/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,024.92					-	1,024.92
4/22/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	4,410.31					-	4,410.31
								-	-
		286,284.16	102,598.05	-	-	-	-	-	102,598.05

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
4/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,476.00					-	4,476.00
4/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,563.76					-	3,563.76
4/25/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	55,894.93	-					-	-
4/25/2024	MANAGEANDNET1718 MNS PMNT 000000000004294 41	-	8,613.50					-	8,613.50
4/24/2024	MANAGEANDNET1718 MNS PMNT 000000000004294 41	-	6,590.00					-	6,590.00
4/24/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	20,526.90					-	20,526.90
4/24/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000149	-	31,703.90					-	31,703.90
4/22/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000163	-	4,812.07					-	4,812.07
4/22/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	-	201.19					-	201.19
								-	-
		55,894.93	80,487.32	-	-	-	-	-	80,487.32

Solara at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
4/26/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	10,353.00					-	10,353.00
4/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	8,540.70					-	8,540.70
4/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,386.71					-	2,386.71
4/25/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	241,317.30	-					-	-
4/25/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	5,637.49					-	5,637.49
4/25/2024	HNB - ECHO HCCLAIMPMT 746003411 440000230486	-	6,615.67					-	6,615.67
4/25/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000176	-	3,197.74					-	3,197.74
4/24/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	19,787.59					-	19,787.59
4/24/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	1,168.81					-	1,168.81
4/23/2024	HNB - ECHO HCCLAIMPMT 746003411 440000254599	-	14,995.53					-	14,995.53
4/23/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	16,292.58					-	16,292.58
4/23/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000113	-	13,022.07					-	13,022.07
4/23/2024	HUMANA CHA DISB HCCLAIMPMT 46195967 42000019	-	5,236.00					-	5,236.00
4/22/2024	HNB - ECHO HCCLAIMPMT 746003411 440000203051	-	4,410.45					-	4,410.45
4/22/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	2,312.66					-	2,312.66
								-	-
		241,317.30	113,957.00	-	-	-	-	-	113,957.00

TOTALS

839,257.33	541,420.97	-	-	-	-	-	541,420.97

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	$1,074,680.04	$928,043.44	$1,074,680.04	$1,424,543.02
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	$543.19	$543.19	$543.19	$543.19
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	$437.28	$437.28	$437.28	$437.28
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$162,613.98	$192,543.77	$162,613.98	$148,476.95
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$129,754.14	$150,621.62	$129,754.14	$116,427.92
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$112,380.23	$122,505.49	$112,380.23	$84,678.04
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$124,545.12	$146,106.40	$124,545.12	$103,264.71
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$91,478.05	$94,090.15	$91,478.05	$83,438.29
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$43,468.66	$43,523.96	$43,468.66	$42,708.02
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$572.50	$572.50	$572.50	$572.50
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$69,692.98	$69,692.98	$69,692.98	$57,946.51
*5506 MMC -NH BETHANY SENIOR LIVING	$159,136.37	$315,336.68	$159,136.37	$135,408.49
*3407 MMC -NH TUSCANY VILLAGE	$401,994.49	$401,994.49	$401,994.49	$401,994.49
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$609,891.25	$609,891.25	$609,891.25	$609,891.25
Total Balance	**$2,981,288.28**	**$3,076,003.20**	**$2,981,288.28**	**$3,210,430.66**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
4/29/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		154,397.69	133,081.09	22,152.06	-	43,468.66	22,152.06
					Bank Balance	43,468.66	
					Variance	-	
					Leave in Balance	100.00	
					Superior February	21,216.60	

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.

April Interest	
May Interest	
June Interest	
Adjust Balance/Transfer Amt	22,152.06

Note: Only balances of over $5,000 will be transferred to the nursing home.
Note 2: Each account has a base balance of $100 that MMC deposited to open account.

Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS 4/29/2024

APPROVED ON

APR 29 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
4/26/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130112	-	760.64					-	760.64
4/25/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	133,081.09	-					-	-
4/24/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	2,379.25					-	2,379.25
4/24/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	12,294.45					-	12,294.45
4/24/2024	AETNA ASO1 HCCLAIMPMT 1588075964 51000019309	-	1,300.00					-	1,300.00
4/22/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	83.59					-	83.59
4/22/2024	NOVITAS SOLUTION HCCLAIMPMT 676097 420000163	-	5,334.13					-	5,334.13
								-	-
		133,081.09	22,152.06	-	-	-	-	-	22,152.06

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	$1,074,680.04	$928,043.44	$1,074,680.04	$1,424,543.02
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	$543.19	$543.19	$543.19	$543.19
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	$437.28	$437.28	$437.28	$437.28
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$162,613.98	$192,543.77	$162,613.98	$148,476.95
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$129,754.14	$150,621.62	$129,754.14	$116,427.92
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$112,380.23	$122,505.49	$112,380.23	$84,678.04
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$124,545.12	$146,106.40	$124,545.12	$103,264.71
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$91,478.05	$94,090.15	$91,478.05	$83,438.29
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$43,468.66	$43,523.96	$43,468.66	$42,708.02
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$572.50	$572.50	$572.50	$572.50
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$69,692.98	$69,692.98	$69,692.98	$57,946.51
*5506 MMC -NH BETHANY SENIOR LIVING	$159,136.37	$315,336.68	$159,136.37	$135,408.49
*3407 MMC -NH TUSCANY VILLAGE	$401,994.49	$401,994.49	$401,994.49	$401,994.49
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$609,891.25	$609,891.25	$609,891.25	$609,891.25
Total Balance	**$2,981,288.28**	**$3,076,003.20**	**$2,981,288.28**	**$3,210,430.66**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
4/29/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		5,553.21	5,453.21	472.50		-	572.50	no transfer

Bank Balance	572.50
Variance	-
Leave in Balance	100.00
Adjust Balance/Transfer Amt	472.50

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		13,247.65	8,599.05	65,044.38		-	69,692.98	65,044.38

Bank Balance	69,692.98
Variance	-
Leave in Balance	100.00
Claim payment transfer	4,548.60
Adjust Balance/Transfer Amt	65,044.38

TOTAL TRANSFERS	65,516.88

Routing Information for Gulf Pointe Plaza:

Note: Only balances of over $5,000 will be transferred to the nursing home.
Note 2: Each account has a base balance of $100 that MMC deposited to open account.

Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS 4/29/2024

APPROVED ON
APR 29 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
4/25/2024	WIRE OUT HMG Rockport SNF, LP -Commerical	5,453.21	-					-	-
4/25/2024	HNB - ECHO HCCLAIMPMT 746003411 440000230486	-	241.98					-	241.98
4/22/2024	HNB - ECHO HCCLAIMPMT 746003411 440000203058	-	230.52					-	230.52
		5,453.21	472.50	-	-	-	-	-	472.50

Gulf Pointe Plaza-Medicare/Medicaid

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
4/26/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	5,151.99					-	5,151.99
4/26/2024	NORIDIAN J3A HCCLAIMPMT 675892 4200001773162	-	6,594.48					-	6,594.48
4/25/2024	WIRE OUT HMG Rockport SNF, LP - Commerical	8,599.05	-					-	-
4/25/2024	WPS-TMEP CONTRAC HCCLAIMPMT 2504085723 21000	-	816.00					-	816.00
4/24/2024	NORIDIAN J3A HCCLAIMPMT 675892 4200001140604	-	48,678.13					-	48,678.13
4/22/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	3,045.00					-	3,045.00
4/22/2024	WPS-TMEP CONTRAC HCCLAIMPMT 2504003124 21000	-	758.78					-	758.78
								-	-
		8,599.05	65,044.38	-	-	-	-	-	65,044.38
		14,052.26	65,516.88	-	-	-	-	-	65,516.88

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	$1,074,680.04	$928,043.44	$1,074,680.04	$1,424,543.02
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	$543.19	$543.19	$543.19	$543.19
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	$437.28	$437.28	$437.28	$437.28
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$162,613.98	$192,543.77	$162,613.98	$148,476.95
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$129,754.14	$150,621.62	$129,754.14	$116,427.92
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$112,380.23	$122,505.49	$112,380.23	$84,678.04
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$124,545.12	$146,106.40	$124,545.12	$103,264.71
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$91,478.05	$94,090.15	$91,478.05	$83,438.29
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$43,468.66	$43,523.96	$43,468.66	$42,708.02
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$572.50	$572.50	$572.50	$572.50
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$69,692.98	$69,692.98	$69,692.98	$57,946.51
*5506 MMC -NH BETHANY SENIOR LIVING	$159,136.37	$315,336.68	$159,136.37	$135,408.49
*3407 MMC -NH TUSCANY VILLAGE	$401,994.49	$401,994.49	$401,994.49	$401,994.49
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$609,891.25	$609,891.25	$609,891.25	$609,891.25
Total Balance	**$2,981,288.28**	**$3,076,003.20**	**$2,981,288.28**	**$3,210,430.66**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
4/29/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		510,294.43	488,707.67	380,407.73	-	-	-	401,994.49	380,407.73
							Bank Balance	401,994.49	
							Variance	-	
							Leave in Balance	100.00	
							Molina February	7,276.04	
							Wellpoint February	14,210.72	
							Adjust Balance/Transfer Amt	380,407.73	

Note: Only balances of over $5,000 will be transferred to the nursing home.
Note 2: Each account has a base balance of $100 that MMC deposited to open account.

Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS 4/29/2024

APPROVED ON

APR 29 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
4/25/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	488,707.67	-					-	-
4/25/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000176	-	8,277.26					-	8,277.26
4/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000293003	-	599.82					-	599.82
4/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000292181	-	16,818.52					-	16,818.52
4/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000292181	-	3,383.31					-	3,383.31
4/24/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000149	-	289,764.82					-	289,764.82
4/22/2024	HNB - ECHO HCCLAIMPMT 746003411 440000203040	-	61,564.00					-	61,564.00
								-	-
		488,707.67	380,407.73	-	-	-	-	-	380,407.73

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	$1,074,680.04	$928,043.44	$1,074,680.04	$1,424,543.02
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	$543.19	$543.19	$543.19	$543.19
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	$437.28	$437.28	$437.28	$437.28
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$162,613.98	$192,543.77	$162,613.98	$148,476.95
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$129,754.14	$150,621.62	$129,754.14	$116,427.92
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$112,380.23	$122,505.49	$112,380.23	$84,678.04
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$124,545.12	$146,106.40	$124,545.12	$103,264.71
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$91,478.05	$94,090.15	$91,478.05	$83,438.29
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$43,468.66	$43,523.96	$43,468.66	$42,708.02
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$572.50	$572.50	$572.50	$572.50
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$69,692.98	$69,692.98	$69,692.98	$57,946.51
*5506 MMC -NH BETHANY SENIOR LIVING	$159,136.37	$315,336.68	$159,136.37	$135,408.49
*3407 MMC -NH TUSCANY VILLAGE	$401,994.49	$401,994.49	$401,994.49	$401,994.49
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$609,891.25	$609,891.25	$609,891.25	$609,891.25
Total Balance	**$2,981,288.28**	**$3,076,003.20**	**$2,981,288.28**	**$3,210,430.66**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
4/29/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		127,316.94	106,484.38	138,303.81			159,136.37	138,303.81

Bank Balance	159,136.37
Variance	-
Leave in Balance	100.00
Superior February	20,732.56
April Interest	
May Interest	
June Interest	
Adjust Balance/Transfer Amt	138,303.81

Note: Only balances of over $5,000 will be transferred to the nursing home.
Note 2: Each account has a base balance of $100 that MMC deposited to open account.

Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS 4/29/2024

APPROVED ON
APR 29 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Bethany Senior Living		Transfer-Out	Transfer-in	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
4/26/2024	Deposit	-	23,727.88					-	23,727.88
4/25/2024	WIRE OUT PORT LAVACA NH, LLC	106,484.38	-					-	-
4/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000292181	-	811.87					-	811.87
4/24/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	12,440.26					-	12,440.26
4/23/2024	HNB - ECHO HCCLAIMPMT 746003411 440000254599	-	1,335.02					-	1,335.02
4/22/2024	Deposit	-	70,648.61					-	70,648.61
4/22/2024	HNB - ECHO HCCLAIMPMT 746003411 440000203059	-	1,573.58					-	1,573.58
4/22/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000163	-	5,236.10					-	5,236.10
4/22/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	22,530.49					-	22,530.49
								-	-
		106,484.38	138,303.81	-	-	-	-	-	138,303.81

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	$1,074,680.04	$928,043.44	$1,074,680.04	$1,424,543.02
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	$543.19	$543.19	$543.19	$543.19
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	$437.28	$437.28	$437.28	$437.28
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$162,613.98	$192,543.77	$162,613.98	$148,476.95
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*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$112,380.23	$122,505.49	$112,380.23	$84,678.04
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$124,545.12	$146,106.40	$124,545.12	$103,264.71
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$91,478.05	$94,090.15	$91,478.05	$83,438.29
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$43,468.66	$43,523.96	$43,468.66	$42,708.02
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$572.50	$572.50	$572.50	$572.50
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$69,692.98	$69,692.98	$69,692.98	$57,946.51
*5506 MMC -NH BETHANY SENIOR LIVING	$159,136.37	$315,336.68	$159,136.37	$135,408.49
*3407 MMC -NH TUSCANY VILLAGE	$401,994.49	$401,994.49	$401,994.49	$401,994.49
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$609,891.25	$609,891.25	$609,891.25	$609,891.25
Total Balance	**$2,981,288.28**	**$3,076,003.20**	**$2,981,288.28**	**$3,210,430.66**